AFFIDAVIT OF INCOME Unaudited Income Statement

STD. 812A (REV. 7-99)

	e truthfulness and acc	curacy of th	is annı	ıal
(Owner/Officer of Applicant Firm)				
receipts statement and have the authority to make this representation	tion.			
This Affidavit of Income is being submitted for Tax Year	(ending	/_)
Provide Firm Name(s)		Total Ann	ual Rec	ceipts
	Applicant			
	12pp	\$		
	Affiliate Affiliate	\$		
		\$		
	Affiliate	\$		
	Totals	\$		
APPLICANT FIRM COMPLETE IN NOT AUTHORIZED SIGNATURE DATE EXEC	UTED S BUSINESS NAME FARY'S PRESENCE O		s true a	and correct.
	UTED			
FIRM NAME AND ADDRESS	UTED			
FIRM NAME AND ADDRESS FOR NOTARY'S USE				
FOR NOTARY'S USE SUBSCRIBED AND SWORN BEFORE ME BY	E ONLY			
FOR NOTARY'S USE	E ONLY	OEAL		